- Application or Docket Number												er										
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 9964735																						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY											
TO	TAL CLAIMS						- [RATE	FEE		RATE	FEE										
FOR			NUMBER E	LED	NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00										
TOTAL CHARGEABLE CLAIMS			minu 20=		•			X\$ 9=		OR	X\$18=											
IND	EPENDENT CL	AINIS	minus 3 =		•			X43=		OR	X86 ≃											
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT					+145=		OR	+290=											
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL											
CLAIMS AS AMENDED - PART II OTHER THAN																						
	3.4.04	(Column 1)		(Colu	mn 2)	(Column 3)	1	- SMALL	ADDI-	or I I	SHIPLE 6	ADDI-										
(TA		CLAIMS REMAINING AFTER		NUM PREVI	IBEH OUSLY	PHESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE										
AMENDMENT	Total	• 17	Minus	*3	FOR 5			X\$ 9=		OR	X\$18=											
MEN	Independent	ઝ	Minus	***	1			X43=		OR	X86=											
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=											
TOTAL ADDITION OF THE PROPERTY										OR	TOTAL ADDIT, FEE											
(Column 1) (Column 2) (Column 3)																						
AMENDMENT B		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUA PREVI	HEST MBER NOUSLY O FOR	PRESENT EXTRA:		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	*	Minus	**	•	=		X\$ 9=	_	OR	X\$18=	·										
MEN	Independent	•	Minus	***		<u> -</u>	4	X43=		OR	X86=											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=											
٠.								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE											
	(Column 1) (Column 2) (Column 3)									_		Te e ye										
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	NUI PREV	HEST MBER 10USLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
OME	Total	•	Minus	**		-		X\$ 9=		OR	X\$18=											
MEN	Independ nt	•	Minus	***		-	4	X43=		OR	X86=											
ال	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDE	VT CLAIM		٢	+145=		OR	+290=											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE											TOTAL ADDIT, FEI											
=		L Cham double C	oald East IN TH	NG CDAM	F ie lece fh	an 3 enter 3				ox in c												
ı	-	•	-								The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1.											

FORM PTO-675 (Rev. 10/03)

Patient and Trademath Office, U.S. DEPARTMENT OF COMMERC